

OFFICE OF PUBLIC DEFENSE
Dependency and Termination Attorney Invoice

INVOICE PERIOD: _____

COUNTY: _____

FIRM NAME: _____

FIRM TELEPHONE # _____

Attorney Name: _____

TAX IDENTIFICATION # _____

FIRM ADDRESS: _____

FOR OPD USE ONLY

C: _____ **A:** _____

Circle _____
if new ☒ *X*
address _____

TOTAL CASES IN CASELOAD THIS MONTH _____ **TOTAL HOURS SPENT**

Monthly Invoice amount: \$ _____

Social Worker (Employee): \$ _____

Documentation Attached

Investigative Services/Social Worker (Consultant): \$ _____

Receipts Attached

Expert Services (Consultant): \$ _____

Receipts Attached

TOTAL: \$ _____

The documentation for all current dependency and termination cases outlining the work performed during the invoice period is attached to this invoice.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Date

Signature

Place of Signing

Please submit to: Kelly Sawka
Washington State Office of Public Defense
P.O. Box 40957
Olympia, WA, 98504-0957

REVISED 08/03